

Department of Human Resources
Address and Personal Information Change Form

If this change has been made in myBama, you do not need to complete this form.

PLEASE PRINT CLEARLY AND COMPLETE ONLY THE SECTIONS REQUIRING UPDATES.

Name: _____ CWID: _____

Current status: Employee Retiree

Name Change (Name changes can only be processed after you obtain an updated Social Security Card with the new name. A copy of the card must be presented to make the change. The name will be changed to what is listed on the Social Security Card.)

Current Name on File: _____ New Name: _____

Address Change
If address is temporary, please indicate From/To dates: From: _____ To: _____

New Mailing Address*: _____
*Address change will only apply to mailings.
See notice below for instructions on Billing & Remitting address changes.

Local Phone: (____) ____-____ Add Change Delete Make Primary
Campus Phone: (____) ____-____ Add Change Delete Make Primary
Cell Phone: (____) ____-____ Add Change Delete Make Primary

Email address: _____

Marital Status Change
Select One: Married Widowed Other _____
 Legally Separated Divorced

Emergency Contact Change

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Notice to employees/retirees: By completing and submitting this form, you authorize the University to change your personal information for payroll and benefits purposes. If you need to update your "Remit To" address, contact Accounts Payable at (205) 348-5250. If you need to update your "Billing" address, contact Student Receivables at (205) 348-5350. If a marital status change means that you would like to add or remove dependents from health insurance, you will need to complete enrollment information for those programs within 30 days of the qualifying event. Human Resources will notify all benefit providers of address changes with the exception of Teachers' Retirement System (TRS). TRS requires that members complete, sign and submit their address change form. The form can be accessed at www.rsa-al.gov. Contact the HR Service Center for additional information.

Signature: _____ Date: _____

Human Resources Use Only

Initial/Date: _____ Payroll _____ Benefits: _____

Return completed form to:
HR Service Center
1001 HR Administration Building
Box 870174
Tuscaloosa, AL 35487-0174
hrrsvctr@ua.edu
Phone: (205) 348-7732
Fax: (205) 348-8755